

DIRECT DEPOSIT SIGN-UP FORM	
A. NAME OF EMPLOYEE (LAST, FIRST, MI)	C. TYPE OF DEPOSITOR ACCOUNT ___ CHECKING ___ SAVINGS
ADDRESS	D. DEPOSITOR ACCOUNT NUMBER
CITY STATE ZIP CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TELEPHONE NUMBER ( )	
B. SOCIAL SECURITY NUMBER	EMPLOYEE CERTIFICATION In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.
	SIGNATURE DATE

NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**  
 The payee's Direct Deposit will continue to be received by the selected financial institution until the school district is notified by the employee that the employee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the employee will complete a new Direct Deposit sign-up form at the Treasurer's Office of the school district. It is recommended that the employee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the employee's Direct Deposit payment.

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